Name in Full — Certificate of Death

George Washington Walker.

Died at Town: Morgnec County: Kent — MARYLAND

Date 1898 Month: Oct. Day: 3 | Age Y. 17 M. 1 D. 5 | Native of Kent Co. | Occupation Laborer.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Geo. W. Walker | Mother's Name Amanda Stanley

Cause of Death — Primary: Typhoid Fever / How long sick 3 weeks

Immediate: Uncontrolable vomiting Exhaustion ~~Accident, Suicide, Homicide~~

Reported by G. B. Barwick M.D.

Address Kennedyville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Ashley

Certificate of Death

Died at Town Millington County Kent MARYLAND

Data 1898 Month Oct. Day 15 Age Y. 4 M. 1 D. Native of Md Occupation Servant

~~Male~~ ~~White~~ Marriad Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Chas Ashley

Father's Name Henry Graves Mother's Name Mary

Cause of Death Primary Injury 152a How long sick 10 days

Immediate Peritonitis Accident, ~~Suicide, Homicide~~

Reported by J. C. Hackett

Address Millington

Must be signed by physician, if any in attandance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full William Duberry

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 8 Month 10 Day 9 Age Y. 40 M. D. Native of Occupation

Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Chestertown Enterprise

Address 10-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Patterson Edes

Died at Town: Edesville County: Kent MARYLAND

Date 189 8 Month: Oct Day: 30 Age Y. 64 M. 8 D. 26 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband / Wife of Laura Stanley

Father's Name James Edes Mother's Name Elizer Patterson

Cause of Death: Primary Chron Bright's disease How long sick 10 years

Immediate Chron Gastritis 97

~~Accident, Suicide, Homicide~~

Reported by John W McClary MD

Address Edesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full: Thos Numbers

Certificate of Death

Died at: Town: Millington County: Kent MARYLAND

Date 189 8 Month 10 Day 15 Age Y. 7a M. D. Native of Maryland Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife of~~ Matilda Numbers

Father's Name Mother's Name

Cause of Death: Primary General debility How long sick six months

Immediate Accident, Suicide, Homicide

Reported by Dr W H Jacobs

Address Millington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Walter Howard Rollison

Died ~~at~~ Town: Near Rock Hall County: Kent County MARYLAND

Date 189 8 Month: October Day: 6 | Age Y. M. D.: 4 | Native of: Kent County | Occupation: —

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Joseph Howard Rollison | Mother's Name: Eva Rollison

Cause of Death: Primary: Gastro Enteritis | How long sick: 2 months

Immediate: Inanition | ~~Accident, Suicide, Homicide~~

Reported by: T. B. Willson M.D.

Address: Edesville P.O. Kent Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Larinia Seeney

Certificate of Death

Died at Town Hanesville County Kent MARYLAND

Date 189 8 Month Oct Day 22 Age Y. M. D. about 52 years Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Benjamin Seeney

Father's Name Benjamin Comegys Mother's Name Dont Know

Cause of Death Primary 74 How long sick 4 days

Immediate Congestion of Liver Accident, Suicide, Homicide

Reported by John H. Hessey MD.

Address Hanesville Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Ellwood F. Skull

Certificate of Death: Skull

Died at: Town: Locust Grove County: Kent Co MARYLAND

Date 1898 Month: 10 Day: 22 | Age Y.: 4 M.: 4 D.: | Native of: Kent Co | Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Elisa F Skull

Mother's Name: Lizzie Powell

Cause of Death: Primary: Acute Laryngitis 8a

Immediate: Catarrh. Pneumonia

How long sick: 4 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr. H. F. Pyfer

Address: Locust Grove Kent Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Henry Ware

Died at Town Massey County Kent MARYLAND

Date 189 5 Month 10 Day 30 Age Y. 12 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Rev. Albert Ware

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Enterprise Chestertown

Address 11-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968